STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R-C B. WING HAL035027 08/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 844 HIGHWAY 39 S. **ESSEX MANOR ASSISTED LIVING FACILITY** LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} This is a Report of a Follow-up Complaint Investigation conducted by Greg Cates, Billy Bryant, and Chris Sluder on August 4, 2015. The following deficiencies were cited and will require a Plan of Correction. Note: Findings from the Follow-up Biennial Survey that was conducted at the same time are listed on a separate Statement of Deficiencies. {C 132} Bathrooms-Must Provide Privacy {C 132} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (5) The bathrooms and toilet rooms shall be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains; This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the residents are provided privacy when bathing. Findings include: a- The corridor door to the shower room across from Room 117 does not close completely and latch/ lock, allowing someone to walk in on a resident while bathing. Findings from August 4, 2015:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division	of Health Service Re	egulation				
_	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
		HAL035027	B. WING		R-C 08/04/2015	
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	-1/2010
ESSEX N	IANOR ASSISTED LIV	JING FACILITY	WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 132}	Continued From pa	ge 1	{C 132}			
	No change.					
{C 137}	Bathrooms-Nonskid Strips in Showers		{C 137}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (12) Nonskid surfacing or strips shall be installed in showers and bath areas; and					
	This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to install and maintain a non-skid surface in the showers.					
	Findings from June	16/17, 2015 include:				
		s in the facility are equipped ling) floor surface that is y.				
	Findings from Augu	st 4, 2015:				
	No change.					
{C 148}	Corridors-Handrails	5	{C 148}			
	(2) Handrails shall					

load;

capable of supporting a 250 pound concentrated

This Rule is not met as evidenced by:

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
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		HAL035027	B. WING		08/0	4/2015
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LI	VING FACILITY 844 HIGH LOUISBU	WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
{C 148}	Continued From pa	ge 2	{C 148}			
		vations, the facility has failed to drails are in place and secure.				
	Findings from June 16/17, 2015 include:					
	a- The handrail between resident rooms 101 and 102 has been removed.					
	Findings from August 4, 2015:					
	No change.					
{C 155}	155} Floors-Non-skid, in Good Repair		{C 155}			
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (i) The requirements for floors are: (1) All floors shall be of smooth, non-skid material and so constructed as to be easily cleanable; (2) Scatter or throw rugs shall not be used; and (3) All floors shall be kept in good repair.					
	This Rule is not me 1- Based on observe maintain the floors	vations, the facility has failed to				
	Findings from Augu	st 4, 2015 include:				
	stains. d- In several reside	n carpet has numerous, large nt room doorways, the rubber ose or missing, creating a				
{C 160}	Outside Premises-0	Clean, Safe	{C 160}			
	SECTION .0300 - F	PHYSICAL PLANT				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	LE CONSTRUCTION		SURVEY PLETED
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		HAL035027	B. WING			04/2015
NAME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY,	STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LI	VING FACILITY	GHWAY 39 S. BURG, NC 275	549		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
{C 160}	Continued From pa	age 3	{C 160}			
	(1) The outside gro	ents for outside premises are ounds of new and existing aintained in a clean and safe				
	1- Based on observ	et as evidenced by: vations, the exterior of the maintained in a clean and s	afe			
	Findings from June	e 16/17, 2015 include:				
	peeling, so that bar the possibility of rot b- There is a large the wooden fence of c- A large tree trunk front yard. e- At the back of the with the picnic table and settled leaving difference in elevat	pile of brush stacked beside of the smoking area. k is lying on the ground of the e facility at the concrete pation, the concrete has cracked an approximately 1-inch ion. d the facility does not appea	e o			
	Findings on August	t 4, 2015 include:				
	cut, no trimming ha around and extend	portion of the grass has been done and the areas ing approximately 1 foot from proximately 18-24 inches high	n			
	smoking area is no	door which is located at the tequipped with a lockset that the the exterior of the building.				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED		of Fleatiff Service Negatation					
HAL035027 NAME OF PROVIDER OR SUPPLIER ESSEX MANOR ASSISTED LIVING FACILITY (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (AS TO THE APPRO		`			LE CONSTRUCTION		
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NAME OF PROVIDER OR SUPPLIER ESSEX MANOR ASSISTED LIVING FACILITY (X4) ID PREFIX TAG (CAC)		1				R	-C
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### RESEX MANOR ASSISTED LIVING FACILITY (X4) ID PREFIX TAG	NAME OF PROVIDER OF	SUPPLIER	S.	STREET ADDRESS CITY	STATE ZIP CODE	-	
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SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG	ESSEX MANOR ASS	SISTED LIVIN	NG FACILITY		549		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (C 164) (D 164) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO HE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO HE APPROPRIATE DATE (C 164) (C 164		IN AR A A DV OT A TER				E CORRECTION	
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) [C 164] Continued From page 4 [C 164] Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	(/(1)10						
{C 164} Continued From page 4 {C 164} {C 164} Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:					CROSS-REFERENCED TO	THE APPROPRIATE	
SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:					DEFICIEN	ICY)	
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SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	(* * ,	a i rom page		,			
10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	{C 164} Housekee	Housekeeping and Furnishings-Clean, Repaired					
10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:	OFOTION	CECTION 0200 DUVCICAL DUANT					
FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:							
 (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 							
(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:							
coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:							
(2) have no chronic unpleasant odors;(3) have furniture clean and in good repair;(e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:							
(3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:							
(e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by:							
This Rule is not met as evidenced by:							
	facilities.	()					
1- Based on observations, the facility has failed to □							
maintain the furniture clean and in good repair.	maintain t	the furniture	clean and in good re	epair.			
Findings from June 16/17, 2015 include:	Findings f	from June 16	6/17, 2015 include:				
a. The unheletered chair in the Living Deem is	a Tha	اء اممسماماءا	noir in the Living Deer	m io			
a- The upholstered chair in the Living Room is stained and has tears in the fabric.				m is			
Stained and has lears in the labric.	Stairieu ai	iu iias leais	o in the labile.				
Finidngs from August 4, 2015 include:	Finidnas f	from August	4. 2015 include:				
			., =0.0				
a- a sheet has been draped over the chair to	a- a sheef	t has been d	draped over the chair	to			
cover the stains.	cover the	stains.					
b- The back of the faux leather chair in the Living			ux leather chair in the	e Living			
Room is coming off.							
c- Many of the wood dressers in the Resident							
Rooms are missing at least one knob on the							
drawers, and often there are no knobs on a							
drawer, making the drawer difficult to open.							
d- Many of the wood dressers and night stands in the Resident Rooms are severely discolored,							
stained on the tops, or broken.			•	cu,			
e- The wood finished on the Dining Room tables				tables			
has been rubbed away and the bare wood is now							
		. Soosa ava	.,				
g- There is a broken cabinet/side-table in the	exposed.						

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
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		HAL035027	B. WING		08/0	4/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LIV	VING FACILITY 844 HIGH LOUISBU	WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 164}	Continued From pa	ge 5	{C 164}			
	Living Room.					
	2- Based on observe maintain the walls it	vations, the facility has failed to n good repair.				
	Findings from Augu	st 4, 2015 include:				
	a- The doors and door frames throughout the facility are badly scarred and the paint has been rubbed off, exposing the bare materials that in some cases have begun to rust. b- In the bathrooms, the paint is peeling on the walls and in some locations items have been removed from the wall leaving a damaged surface but the wall has not been repainted. c- The water heater enclosures in the bathrooms are damaged and in need of repair. e- The community bathrooms' shower walls have some broken tiles and in some cases, some of the tiles are missing.					
		vations, the facility has failed to dow coverings for privacy in				
	Findings include:					
	coverings consist o easily see-through b- Several of the cu	rtain rods in the resident ter support and therefore are				
	Findings from Augu	st 4, 2015 include:				
	No change.					

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPP		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION	NUMBER:	A. BUILDING:	01	COMP	LETED
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		HAL035027		B. WING			4/2015
NAME OF E	PROVIDER OR SUPPLIER		STDEET AD	DDESS CITY S	STATE, ZIP CODE		
NAIVIL OI I	TROVIDER OR SUFFEIER			WAY 39 S.	STATE, ZIF GODE		
ESSEX N	MANOR ASSISTED LIV	VING FACILITY		WAI 39 3. RG, NC 275	49		
(VA) ID	CLIMMADV CTA	TEMENT OF DEFICIENC		1	PROVIDER'S PLAN OF CORRECTION	- N	(VE)
(X4) ID PREFIX		/ MUST BE PRECEDED		ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFOR	RMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
					DEFICIENCY)		
{C 166}	Continued From pa	ige 6		{C 166}			
{C 166}	Housekeeping-Mair	ntained Free of Ha	zards	{C 166}			
	SECTION .0300 - F						
	10A NCAC 13F .0306 HOUSEKEEPING AND						
	FURNISHINGS						
	(a) Adult care homes shall:						
	(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and						
	hazards;						
	(e) This Rule shall apply to new and existing						
	facilities.						
	This Rule is not me						
	1- Based on observe maintain the building						
	manner.	ig iii a sale aliu op	erating				
	mamor.						
	Findings from Augu	ıst 4, 2015 include	:				
	a- The North EXIT	door sticks and re	quires extra				
	force to open.						
	d- The bathroom do	oor located in Roo	m 112 has				
	no hardware.	ahara haya nat ha	an markad				
	e- The fire extinguis		en markeu				
	f- The fire extinguis	•	Power				
	Panel Room has no						
	New deficiency find	lings from August	4, 2015				
	include:						
	1 At least two as-1-	rior windows of	nidant races				
	1- At least two exterage broken out with						
	frames. Rooms incl						
	1- Room 124	ado bat alo liot III					
	2- Room 125						
	2- At the main entra						
	large, active wasp r	nest in the peak of	the eave.				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND FLAIN	OF CORRECTION	IDENTIFICATION NO	IVIDLIN.	A. BUILDING:	01	COMP	LLILD
		HAL035027		B. WING		R- 08/0	C 4/2015
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY S	STATE, ZIP CODE		
				WAY 39 S.	,		
ESSEX N	MANOR ASSISTED LIV	/ING FACILITY		RG, NC 275	49		
()(4) ID	CLIMMADV CTA	TEMENT OF DEFICIENCIE		1	PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 174}	Continued From pa	ge 7		{C 174}			
{C 174}	Bedroom Furnishings-Table, Mirror, Chairs			{C 174}			
	SECTION .0300 - F 10A NCAC 13F .03 FURNISHINGS (b) Each bedroom s furnishings in good resident: (2) a bedside type (3) chest of drawer provided as built-ins drawers or double of (4) a wall or dresse each resident; (5) a minimum of of or straight, arm or or resident), high enout (6) additional chairs by visitors; (e) This Rule shall facilities. This Rule is not me 1- Based on observ provide resident roof for the number of re Findings from June a- Nearly all resider quantity of arm cha in the room. Location include but are not 1- Room 125- N 2- Room 124- N 3- Room 119 (2)	PHYSICAL PLANT D6 HOUSEKEEPII Shall have the following repair and clean for table; Is or bureau when not an experience for two resider mirror that can be the comfortable chains and the comfortable chains are available, as needed apply to new and experience with the required as a evidenced by: Tations, the facility has been suited and the common suite of the common	ng each of each of ents; used by or (rocker erred by sy rising; ed, for use isting or failed to d furniture or erreidents or fresidents or each				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 R-C B. WING _ HAL035027 08/04/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 844 HIGHWAY 39 S. **ESSEX MANOR ASSISTED LIVING FACILITY** LOUISBURG, NC 27549 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 174} Continued From page 8 {C 174} 6- Room 105 (2 Residents) - 1 chair 7- Room 114- No chair Findings from August 4, 2015 include: 2- Room 124 (2 Residents) now has 1 rocker chair. All other rooms, no change. b- Most of the resident beds have not been provided with a bedside lamp or light near the bed. Findings from August 4, 2015 include: No change. {C 177} Living Room Furnishings {C 177} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (c) The living room shall have functional living room furnishings for the comfort of aged and disabled persons, with coverings that are easily cleanable. (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to provide adequate furnishings for the comfort of the residents. Findings from June 16/17, 2015 include: a- There is limited comfortable seating provided. with only 3 upholstered chairs and 5 bar-stools to be used for seating.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE S COMPL	
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		HAL035027	b. WING		08/04	4/2015
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ESSEX N	MANOR ASSISTED LI	VING FACILITY	WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 177}	Continued From pa	ge 9	{C 177}			
	Findings from Augu	ıst 4, 2015 include:				
	a- (2) Two wood are	m chairs have been added.				
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}			
	mechanical, and plucare home shall be operating condition (k) This Rule shall facilities with the expension of the condition	11 OTHER and all fire safety, electrical, ambing equipment in an adult amaintained in a safe and				
	1- Based on observensure that the memaintained in an opdeficiency may affevisitors in the facilit	et as evidenced by: vations, the facility failed to chanical systems are perating condition. This not all residents, staff, and by by allowing extended ated injuries/ illness, or death posure to extreme				
	Findings from June	16/17, 2015 include:				
	and three (3) of the HVAC 4 were not for temperature in the the Dining Room and 95° F in the resident rooms were temperature in exception.	H) HVAC units for the building units, HVAC 1, HVAC 3, and unctioning with the facility ranging from 81° F in and corridor and between 81° F sident rooms. All thirty (31) we maintaining a constant less of 80° F with no air or a six (6) resident rooms were				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 844 HIGHWAY 39 S. LOUISBURG, NC 27549 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) R-C 08/04/2015 STREET ADDRESS, CITY, STATE, ZIP CODE 844 HIGHWAY 39 S. LOUISBURG, NC 27549 PREFIX (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 844 HIGHWAY 39 S. LOUISBURG, NC 27549 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 844 HIGHWAY 39 S. LOUISBURG, NC 27549 (X5) PREFIX (EACH CORRECTION SHOULD BE COMPLET TAG CROSS-REFERENCED TO THE APPROPRIATE DATE				A. BOILDING.		R	-C
ESSEX MANOR ASSISTED LIVING FACILITY 844 HIGHWAY 39 S. LOUISBURG, NC 27549 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 1 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			HAL035027	B. WING			
LOUISBURG, NC 27549 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) LOUISBURG, NC 27549 ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	ESSEX I	MANOR ASSISTED LI	VING FACILITY		49		
DEFICIENCY)	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETE
(C 189) Continued From page 10 equipped with fans and three (3) rooms with window air conditioning units. Based on interviews with the HVAC contractor and staff, HVAC #3 and HVAC #4 had not functioned for more than thirty (30) days while HVAC #1 had not operated since the weekend. Note: During the follow-up visit on June 17, 2015, HVAC Unit #1 was repaired however HVAC Units #3 and #4 remained inoperable. Findings from August 4, 2015 include: No change. 2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating. These deficiencies may affect all residents, staff, and visitors in the facility by allowing the possibility of allowing fire to spread into the attic. Findings from June 16/17, 2015 include: a- The fusible link on the radiation damper located in the supply vent of the Soda Vending Room has been sprung and the damper propped open with wooden paint paddles. Finidngs from August 4, 2015 include: No change. 3- Based on observations, the facility failed to ensure that the plumbing systems are in a safe and operating condition. This deficiency may affect all residents, staff, and visitors by allowing contaminated water to siphon back into the drinking water system. Findings from June 16/17, 2015 include:	{C 189}	equipped with fans window air condition interviews with the HVAC #3 and HVAM more than thirty (30 operated since the Note: During the for HVAC Unit #1 was #3 and #4 remaine. Findings from Augustian No change. 2- Based on observe ensure that the fire maintained safe and efficiencies may at visitors in the facility allowing fire to spread in the supproper with wooden. Findings from June a- The fusible link of located in the suppropen with wooden. Finidngs from Augustian No change. 3- Based on observe ensure that the plus and operating conducting conducting the property of the plus and operating conducting water systems.	and three (3) rooms with oning units. Based on HVAC contractor and staff, C #4 had not functioned for 0) days while HVAC #1 had not weekend. It was a weekend. It was a	{C 189}			

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMPI	
		HAL035027	B. WING		R- 08/0	C 4/2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 00/0	
	MANOR ASSISTED LIV	844 HIGH	WAY 39 S.	,		
ESSEX	MANOR ASSISTED LIV	LOUISBU	RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ge 11	{C 189}			
	from the Med Room anti-siphon device t	g sink in the bathroom across n is not equipped with an to prevent brown water from back into the water supply.				
	Findings from August 4, 2015 include:					
	No change.					
	4- Based on observations, the facility failed to ensure that the plumbing systems are in an operating condition.					
	Finidngs from June	16/17, 2015 include:				
	a- The sink in the bathroom next to Room 133 has no running cold water. b- In both of the Soiled Utility Rooms, the ceramic bed-pan washing basin is cracked/ broken and not able to hold water or flush, preventing their intended use of cleaning soiled linens.					
	Findings from Augu	st 4, 2015 include:				
		opposite the MEd Room, a nas been added to the room.				
	New deficiency find include:	lings from August 4, 2015				
	is closed and a han door stating "DO No drain is clogged and dirty water is backe b- The Med Room of and latch as the door c- The door to the E	Room across from Room 117 idwritten sign is posted on the OT USE SHOWER". The tub d approximately 6-inches of d up into the tub. door will not close completely or handle has been removed. Beauty Shop/ Tub Room toom will not close compeltely				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMF	SURVEY PLETED
						R	-C
		HAL035027		B. WING		08/0	04/2015
NAME OF F	PROVIDER OR SUPPLIER			, ,	STATE, ZIP CODE		
ESSEX N	IANOR ASSISTED LIV	VING FACILITY	-	WAY 39 S. RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCE MUST BE PRECEDED B SC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{C 189}	Continued From pa	ige 12		{C 189}			
	and latch as the do	or handle is broken					
{C 194}	A/C or Fans			{C 194}			
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (c) Air conditioning resident bedroom a shall be provided w main center corrido degrees C). (k) This Rule shall facilities with the ex which shall not app	or at least one fan and living and dining then the temperatur or exceeds 80 degre apply to new and e	y areas e in the ees F (26.7 xisting oh (e)				
	This Rule is not me 1- Based on observe procedures, the fact temperature in the fahrenheit or provide	vations, interviews, sility failed to mainta facility at or below 8	and testing in the				
	Findings from June	16/17, 2015 includ	e:				
	a- Interviews with the time of the survey rehad not funtioned for Unit #4 had not fundand HVAC Unit #1 sweekend of June 13	evealed that HVAC or at least 30 days a ctioned for more that stopped working ov	Unit #3 and HVAC an 30 days				
	Findings from Augu	ıst 4, 2015 include:					
	The A/C units appedisrepair as last see 17, 2015. Units 3 and 15	en by the surveyors	on June				
	Findings from June	16/17, 2015 includ	e:				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE COMP	SURVEY LETED
			7.1. 20123.1.10.	•	R-	С
		HAL035027	B. WING		08/0	4/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ESSEX I	MANOR ASSISTED LI	VING FACILITY	WAY 39 S.			
	OLIMANA DV. OTA		RG, NC 275		ON.	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
{C 194}	Continued From pa	ge 13	{C 194}			
	conditions existed: 1- Six (6) Resid with a fan. 2-Six (6) Resid with window air were in the one with air conditions. Nineteen (19 equipment to conditions are superbetween 82 designees Fahren 5- Ten (10) Reseaveriencing tendegrees Fahren Fahrenheit. 6- The temperations were assumed by the superiencing tendegrees Fahren Fahrenheit. 6- The temperations were assumed by the superiencing tendegrees were assumed by the superiencing tendegrees. Fahrenheit. 6- The temperations were superiencing Room: 8 Corridor (N): 85 Corridor (N): 85 Corridor (S): 84 Findings on August There are currently in the facility with the wings being conditions and it was very war staff noted that the to the wing where conditions with the superiencing is located. The superiencing is located. The superiencing is located that the to the wing where conditions with the superiencing is located. The superiencing is located to the wing where conditions with the superiencing tendent is cooling is located. The superiencing is located to the wing where conditions with the superiencing tendent is cooling is located. The superiencing tendent is cooling is located to the wing where conditions with the wings being conditions are superiencing tendent.	P) Resident rooms had no irculate air. Resident rooms were iencing temperatures grees Fahrenheit and 88 nheit sident rooms were noted as imperatures between 90 nheit and 96.8 degrees atures in the common is follows: 4 degrees Fahrenheit (Avg) degrees Fahrenehit (Avg) degrees Fahrenheit (Avg)				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
		HAL035027	B. WING		R- 08/0	C 4/2015		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
ESSEX MANOR ASSISTED LIVING FACILITY 844 HIGHWAY 39 S. LOUISBURG, NC 27549								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE			
{C 194}	c- On June 17, 201 conditions existed: 1- HVAC Units #3 2- Ten (10) Resequipped with a 3- Twelve (12) I equipped with a units (or were in building with air 4- Three (3) Resequipped with a 5-Eighteen (18) were noted as a between 80 deg degrees Fahrer 6- The temperal spaces were as Living Room: 8 Corridor (N Hall Corridor (S Hall Findings from Augus There are currently in the facility with two the wings being cooling is located. The and it was very war staff noted that the	5 at 12:00 PM, the following 1 was brought on-line 3 and #4 remained off) 5 ident Rooms were 6 fan Resident Rooms were 7 vindow air conditiong 7 the one section of the 7 conditioning) 7 sident Rooms were not 8 fan or air conditioning. 9 Resident rooms 9 Resident rooms 9 experiencing temperatures 9 grees Fahrenheit and 85 9 nheit 1 tures in the common 1 follows: 1 degrees Fahrenheit 10 degrees Fahrenheit 11: 83 degrees Fahrenheit 11: 83 degrees Fahrenheit 11: 82 degrees Fahrenheit	{C 194}					
C 195	Hot Water System		C 195					
	SECTION .0300 - F 10A NCAC 13F .03							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
HAL035027			B. WING			R-C 08/04/2015	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	<u>.</u>	
ESSEX MANOR ASSISTED LIVING FACILITY 844 HIGHWAY 39 S. LOUISBURG, NC 27549							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 195	provide an adequat kitchen, bathrooms closets and soil utili temperature at all fi be maintained at a (38 degrees C) and F (46.7 degrees C). (k) This Rule shall facilities with the ex which shall not app This Rule is not me New finding from All 1- Based on testing facility has failed to safe temperature. The who may use the si a- In the South Wir	system shall be of sue supply of hot wate, laundry, housekeepty room. The hot waxtures used by reside minimum of 100 degrammed and exceed 11. apply to new and exception of Paragraphly to existing facilities at as evidenced by: ugust 4, 2015: of the water temper maintain the hot was his would affect all rink or shower in the lang Bathroom adjaceter temperature when	r to the bing later lents shall grees F 6 degrees listing h (e) s.	C 195			
{C 199}	Exhaust Ventilation			{C 199}			
	provided with exhautwo cubic feet per n requirement does n	ed in this Paragraph ust ventilation at the ninute per square for ot apply to facilities to with natural ventilaces:	rate of ot. This licensed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION : 01		SURVEY PLETED		
		HAL035027	B. WING			-C 04/2015		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ESSEX MANOR ASSISTED LIVING FACILITY 844 HIGHWAY 39 S. LOUISBURG, NC 27549								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
{C 199}	(3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app. This Rule is not med 1- Based on observensure that the exhare maintained in a Findings from June a- The mechanical	toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities. Let as evidenced by: vations, the facility has failed to aust fans in the bathrooms n operating condition. Let 16/17, 2015 include: exhaust fan located in the oom 144 is not operating.	{C 199}					